



Public Health Reporting and the KHIE

On September 4, 2012, the Centers for Medicare and Medicaid Services (CMS), published the Stage 2 Meaningful Use (MU) Final Rule in the Federal Register which outlined the objectives and measures for the federally funded Electronic Health Record (EHR) Incentive Program—which allows eligible providers (EPs), eligible hospitals (EHs) and critical access hospitals (CAHs), to qualify for incentive payments when using certified EHR technology (CEHRT) to achieve objectives outlined by the CMS.

The requirements for public health reporting in Stage 2, (which commences January 2014), will expand upon those objectives found in Stage 1 Meaningful Use, with a heightened emphasis on connecting with state registries and health information exchanges. The Kentucky Health Information Exchange acts as a *mail delivery service* and distributes public health information generated from CEHRT systems to local public health agencies and registries. The following details the public health reporting objectives found in both Stage 1 and Stage 2 of Meaningful Use.

Immunization Reporting

In Stage 1, EPs and EHs were only required to submit a test of electronic immunization data to registries as part of a requirement mandatory for the successful attestation of MU. For both EPs and EHs, this menu objective moves to a core objective in Stage 2 and changes from a test to the ongoing submission of immunization data to registries. In Kentucky, the KHIE serves as the proxy for the immunization registry, and successful participation with the KHIE is the only means to attest to this MU objective.

Syndromic Surveillance

In Stage 1, Syndromic Surveillance (SS) was a menu objective for both EPs and EHs. In Stage 2 however, SS moves to a core objective for hospitals and remains a menu objective for providers. In Stage 1, EPs were only required to perform at least one test of CEHRT capacity to provide electronic SS data to public health agencies and follow-up submission if the test is successful. In Stage 2, providers and hospitals alike must successfully submit electronic SS data on an ongoing basis for the entire EHR reporting period. EHs and EPs must participate with the KHIE in order to submit SS data to BioSense 2.0, a cloud-computing model operated by the Centers for Disease Control and Prevention, required for attestation.

Reportable Laboratory Results

This objective is only applicable to hospitals and is a core objective (menu in Stage 1) for Stage 2 of MU. In Stage 2, this objective requires the successful ongoing submission of electronic reportable laboratory results from the CEHRT to public health agencies for the entire reporting period. In Stage 1, EHs were only required to perform at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful. The KHIE monitors and alerts the Department for Public Health (as necessary) via active surveillance, or utilizing passive monitoring, hospitals can monitor and alert the Department for Public Health via KHIE.

Cancer Cases

This objective is only applicable to providers and is a new menu objective in Stage 2. In Stage 2, this objective requires the successful ongoing submission of cancer case information from the CEHRT to a public health central cancer registry for the entire EHR reporting period. The KHIE currently monitors and forwards cancer cases to the Kentucky Cancer Registry (KCR).

Specific Cases

This objective is only applicable to providers and is a new menu objective in Stage 2. In Stage 2, this objective requires the successful ongoing submission of specific case information from the CEHRT to specialized (other than a cancer registry) registry for the entire EHR reporting period. Any EP who meets one or more of the following is excluded from this objective. The KHIE plans to monitor and forward specific cases to a specialized registry in Kentucky.

The KHIE can provide services to achieve several objectives found within Meaningful Use Stages 1 and 2. The benefits are far reaching and this document merely scratches the surface and thus is not all-encompassing of the benefits and services available via the utilization of the KHIE. Additionally, providers and hospitals must meet all of the core objectives, three out of six menu objectives, and submit clinical quality measures electronically in order to attest to Stage 2 of Meaningful Use.